

Fall 2004 Pre-Season Soccer Day!

Get a jump on the Fall Soccer season! Soccer Centers will be holding a soccer clinic to get soccer players back into shape. Coaches and assistant coaches are invited to come and learn more about soccer to become involved. This clinic will include Fast Foot skills, Power Shooting and the use of small sided games in order to prepare the player for the upcoming season.

For: Bridgewater-Raritan resident boys and girls
currently in 1st to 8th grade (2004/2005 school year)

Location: Soccer Centers – to get to Soccer Centers take I-287 to exit 12 at the end of ramp make a left onto Weston Canal Road, at the first light make a left onto Cottontail Lane, go 7/10 of a mile and make a right onto Memorial Drive, Soccer Centers will be ahead at the end of the street – 300 Memorial Drive www.soccercentersnj.com.

When: Saturday, September 11, 2004

Time: 1st & 2nd grade boys & girls 12:00pm to 1:30pm
3rd & 4th grade boys & girls 1:45pm to 3:15pm
5th & 6th grade boys 3:30pm to 5:00pm
5th, 6th, 7th & 8th grade girls 5:15pm to 6:45pm
7th & 8th grade boys 7:00pm to 8:30pm
Please keep this section as confirmation, recreation will only contact participants if times need to be changed. Times subject to change pending registration.

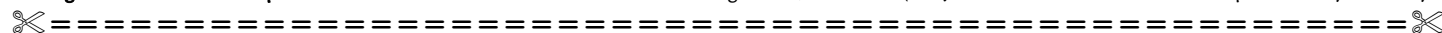
Cost: \$10.00 Bridgewater-Raritan Residents
checks made payable to "Soccer Centers".



⇒ **Registration Deadline:** Monday, August 16, 2004 ⇐

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday



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Last Name: _____ First Name: _____ Circle Gender: Male or Female
Mailing Address: _____ Town: _____ Zip: _____
Home Address: _____ Parent/Guardian
Phone #: () _____ Work/Cell #: () _____
Circle Grade _____

as of September 2004: 1 2 3 4 5 6 7 8

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date



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